

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON**REQUIREMENTS FOR THIRD PARTY LIABILITY - IDENTIFYING LIABLE RESOURCES**

1. The following are the Data matches conducted by Medicaid:
  - a. SOURCE  
Employment Security Wage Records File  
IV-D Eligibility File  
IV-A Eligibility File  
PURPOSE  
To match all Medicaid eligibles to a responsible absent parent (IV-D) and then match against the employment security wage file by Social Security number to see if the responsible party is employed. A form is produced which is mailed to the employer to determine if there is health insurance available through the employer to cover the Medicaid eligible.  
FREQUENCY  
Quarterly
  - b. SOURCE  
Washington State Department of Personnel  
IV-D Eligibility File  
IV-A Eligibility File  
PURPOSE  
To match all Medicaid eligibles with responsible absent parent (IV-D) or parent (IV-A) by Social Security number to determine if they are employed by the State of Washington, A report is produced by covering insurance company and is then mailed to the employer to verify coverage dates.  
FREQUENCY  
Quarterly
  - c. SOURCE  
Department of Labor and Industries  
PURPOSE  
To match names and Social Security numbers of Medicaid recipients with records of those with employment related injuries or illnesses.  
FREQUENCY  
Quarterly

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## REQUIREMENTS FOR THIRD PARTY LIABILITY - IDENTIFYING LIABLE RESOURCES (cont.)

- d. A data match was attempted with motor vehicle accident records, however, their computer files do not contain Social Security numbers, birth dates or other information that would be matchable with Medicaid records.

Claims, with diagnosis codes within the 800-999 (ICD9CM) series that have been determined to be cost effective to pursue, suspend during each adjudication cycle of claims processing for investigation of other resources. A waiver has been obtained from HCFA Regional Office for items determined not cost effective to pursue.

Follow-up is done by forwarding to the recipient the Medical Recovery Information Form (T-2). When the recipient returns the T-2 form it is reviewed for completeness. TPL information is entered into the TPL masterfile in the MMIS. If the recipient fails to respond to the first mailing within 30 days, a second T-2 form is sent. After an additional 30 days, if no response has been received, phone contacts are made with provider, recipient or other parties that may have information regarding the accident. All information received regarding liable third parties are entered into the TPL masterfile no later than 30 days after receipt.

2. Within 30 days of receipt of information from above referenced Data Matches and 60 days of receipt of health insurance information, a file is set up in the Third Party data base to affect claims processing.

When a data match form or health insurance form is received with complete information, the information from the form is entered into the third party data base immediately.

When incomplete information is received, contacts are made by phone or mailed to obtain complete information for entering into the data base within the above prescribed time frames.

Contact include the:

- a. Recipient, Absent Parent, Parent
- b. Employer
- c. Insurance Company
- d. Providers

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3. A quarterly report of all diagnosis codes within the 800-999 (ICD9CM) series is reviewed to determine cost effectiveness. The report shows TPL savings for the quarter for each of the codes. Codes which show minimal or no TPL savings for one year are reviewed and dropped from the suspense criteria. A waiver has been received from HCFA Regional Office. All claims processed within this series (which are determined cost effective to pursue) are suspended and an investigation completed to determine if there are other resources available for payment. Information from the insurance company, attorney, or other resource is entered into the third party data base during any of the adjudication cycles (3 times weekly).